

TRANSMITTAL FORM

Applicant—Complete Only Sections That Apply

NAME (FIRST, MIDDLE, LAST)		DL or ID NUMBER		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	DAYTIME AND EVENING TELEPHONE NUMBER () ()	

Emancipated Minor (Driver License)

I am an unmarried minor. I am declaring myself emancipated because:

I am also submitting Proof of Financial Responsibility (SR 1P) in lieu of a guarantor's signature.

My parents are:

- ☐ deceased.
☐ nonresidents of California.
☐ living (one or both) and are California residents.
☐ Other

NAME OF PARENT (FIRST, MIDDLE, LAST)	ADDRESS	CITY	STATE	ZIP
NAME OF PARENT (FIRST, MIDDLE, LAST)	ADDRESS	CITY	STATE	ZIP

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	NAME OF PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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Emancipated Minor (ID Card)

Please issue an identification card to me marked with the word "EMANCIPATED" because:

- ☐ I have entered into a valid marriage. (Civil Code Section 62)
☐ I am on active duty in the Armed Forces. (Civil Code Section 62)
☐ of a Declaration of Emancipation. (Family Code Sections 7120—7123)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	NAME OF PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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Consent for Issuance (Parents Not Accepting Civil Liability)

I am the _____ of _____
 RELATIONSHIP NAME OF MINOR

and, as such, a person required to sign and verify a minor's application for a driver license. I consent to the issuance of a driver license to this minor provided the minor's application is accompanied by proof of financial responsibility as defined by the California Vehicle Code (CVC). I do not consent to accept the civil liability specified in CVC §17707 and §17708.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	NAME OF PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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Acceptance of Liability For Minor (Dependent or ward of the court)

This minor resides with me and my relationship to this minor is _____

- I am age 18 or over and a resident of California,
- This minor is a dependent or ward of the court,
- I consent to the issuance of an original or duplicate driver license to this minor,
- I assume the liability specified in California Vehicle Code §17707 through §17710.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	NAME OF PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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NAME (FIRST, MIDDLE, LAST)		DL or ID NUMBER		SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	DAYTIME AND EVENING TELEPHONE NUMBER () ()
Long Standing Stable Vision Condition Statement	I have a long standing vision condition in my <input type="checkbox"/> right eye only <input type="checkbox"/> left eye only since _____ because of a:				
	<input type="checkbox"/> vision disorder: _____				
	<input type="checkbox"/> trauma or accident: _____				
	DMV has this information along with documentation from my eye doctor. <input type="checkbox"/> Yes <input type="checkbox"/> No If no , attach the Report of Vision Examination (DL 62). I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	DATE		SIGNATURE X		
Utility Form	Use this section to transmit information.				
	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	DATE		SIGNATURE X		
Limited Term Recommendation	Examiner is recommending <input type="checkbox"/> Issuance <input type="checkbox"/> Extension <input type="checkbox"/> Ending a limited term (L/T) license. <input type="checkbox"/> L/T Years Recommendation _____ <input type="checkbox"/> With Corrective Lenses (Code 01) (Key 10 in Attach Field on TEST RESULTS screen)				
	Clearly state the reason for issuing, extending, or ending the limited term DL:				
Medical Exam Report Review Recommendation	<input type="checkbox"/> Applicant is disqualified <input type="checkbox"/> The medical report needs further evaluation because:				
	(Send to DSAU) Mail Station J234) <input type="checkbox"/> A copy of medical report is attached				
DMV Employee Signature	DATE		EMPLOYEE'S PRINTED NAME/SIGNATURE/ID NO.		OFFICE NAME/ID NO.